MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/560509 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4							54						
5							55						
6							56						
7				1			57						
8							58						
9							59						
10							60						
11				1			61						
12							62						
13							63						
14				1			64						
15							65						
16							66						
17				1			67						
18							68						
19				1			69						
20	1		1				70						
21				1			71						
22							72						
23				1			73						
24							74						
25							75						
26				1			76						
27							77						
28				1			78						
29							79						
30				1			80						
31				1			81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		⬇	2	⬇		⬇	TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.		⬅	29	⬅		⬅	TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS			31				TOTAL CLAIMS						

PTO - 1360 (REV. 11/04).